## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## TEMPORARY FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1448445 OMBAPPROVAL

OMB Number: 3235-0076

Expires: October 31, 2008
Estimated average burden
hours per response. ....... 4.00

ଞ୍ଚିତ୍ର Mail Processiନ୍ତ Section

UCT 152000

|  | 144  |
|--|--|
| Name of Offering ( check if this is an amendment and name has changed, and indicate chan   | gc.) Weshington, OC  |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section Section Rule 505 Rule 506 Amendment  | ion 4(6) ULOE  |
| A. BASIC IDENTIFICATION DATA   | IDENIA BRIEFI JETTE BRIEF PARTE CORRE UNE CORRE UNI JERU   |
| 1. Enter the information requested about the issuer  | <del></del>  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)   | []   |
| Atlanta Property Acquisition I, LLC  | 08062319   |
| Address of Executive Offices (Number and Street, City, State, Zip Code)  | <del></del>  |
| 1876 Rock Chapel Road, Lithonia, GA 30058  | 770-484-8312ccci)  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code)   |
| (if different from Executive Offices)  | OCT 2 3 2008 B   |
| Brief Description of Business  | <u> </u>   |
| Purchase, renovation, leasing and sale of residential rea  | al estappomison Reviers  |
| Type of Rusiness Organization  |  |
| corporation imited partnership, already formed business trust imited partnership, to be formed   | (please specify): limited liability company  |
|  | Company  |
| Month Year  Actual or Estimated Date of Incorporation or Organization: 077 078 Actual 12 Est   | timated  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Sta  | ite:   |
| CN for Canada; FN for other foreign jurisdiction)  | <b>倒</b>   |
| GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 notice in paper format on or after September 15, 2008 but before March 16, 2009. During that pointial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments usin comply with all the requirements of § 230.503T.  Federal:  | CFR 239.500T) or an amendment to such a criod, an issuer also may file in paper format an  |
| Who Must File: All issuers making an offering of securities in reliance on an exception under Reg  | gulation D or Section 4(6), 17 CFR 230.501 et  |
| seq. or 15 U.S.C. 77d(6).  When To File: A notice must be filed no later than 15 days after the first sale of securities in the Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at address after the date on which it is due, on the date it was mailed by United States registered or Where To File: U.S. Securities and Exchange Commission, 100 F Street, N.B., Washington, D.C. Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be must be a photocopy of the manually signed copy or bear typed or printed signatures. | offering. A notice is deemed filed with the U.S. the address given below or, if received at that certified mail to that address.  20549. |
| Information Required: A new filing must contain all information requested. Amendments need only changes thereto, the information requested in Part C, and any material changes from the information and the Appendix need not be filed with the SEC.  Filing Fee: There is no federal filing fee.  State:  | • •  |
| This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separa each state where sales are to be, or have been made. If a state requires the payment of a fee as a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate Appendix to the notice constitutes a part of this notice and must be completed.  ATTENTION   | te notice with the Securities Administrator in precondition to the claim for the exemption, a  |
| Failure to file notice in the appropriate states will not result in a loss of the federal e  | -  |

filing of a federal notice.

| A BASIGIDAL TRICATION DATA  |  |
|---|--|
| 2. Enter the information requested for the following:   |  |
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>                           |  |
| <ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a c</li> </ul> | lass of equity securities of the issuer. |
| <ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of par</li> </ul>      | tnership issuers; and                    |
| Each general and managing partner of partnership issuers.   |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Atlanta Metro Property Management, LLC                   | General and/or Managing Partner          |
| Full Name (Last name first, if individual)  |  |
| 1876 Rock Chapel Road, Lithonia, GA 30058   |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |
| Check Box(es) that Apply: Promoter R Beneficial Owner R Executive Officer Director  | General and/or Managing Partner          |
| Britz, Jeffrey(Managing Member of entity above)   |  |
| Full Name (Last name first, if individual)  1876 Rock Chapel Road, Lithonia, GA 30058   |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director  | General and/or Managing Partner          |
| Full Name (Last name first, if individual)  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director  | General and/or Managing Partner          |
| Full Name (Last name first, if individual)  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director  | General and/or Managing Partner          |
| Full Name (Last name first, if individual)  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director  | General and/or Managing Partner          |
| Full Name (Last name first, if individual)  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director  | General and/or Managing Partner          |
| Full Name (Last name first, if individual)  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary)  |  |

|                    |  |  |                           | В                          | NEORMAI                      | ION ABO                                      | UT OFFEI                     | ung.                         |                 |   | 44.5              | A CARLON AND C |  |
|--------------------|--|--|---------------------------|----------------------------|------------------------------|--|------------------------------|------------------------------|-----------------|---|-------------------|----------------|--|
|                    |  |  |                           | •                          |                              |  |                              | _                            |                 |   | Yes               | No             |  |
| 1. Has th          | e issuer sol   | ld, or does t  |                           |                            |                              |  |                              |                              |                 |   | 🛮                 | 죈              |  |
|                    |  | • .  |                           |                            | n Appendix                   |  | -                            |                              |                 |   | 250               | s 250,000      |  |
| 2. What            | is the minir   | num investi  | ment that v               | vill be acco               | epted from                   | any indivi                                   | duai?                        | ***************              | **************  | **********                              | ··· <del>-</del>  |                |  |
| 3. Does t          | he offering  | permit joir  | ıt ownersh                | ip of a sing               | gle unit?                    |  |                              |                              |                 | ********                                | Yes<br>工 <b>汉</b> | No<br>□        |  |
|                    | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. |  |                           |                            |                              |  |                              |                              |                 |   |                   |                |  |
| If a pe<br>or stat | rson to be li<br>es, list the n  | nilar remun<br>sted is an as<br>ame of the l<br>r, you may | sociated p<br>broker or d | erson or ag<br>ealer. If m | ent of a bro<br>ore than fiv | ker or deale<br>e (5) perso                  | er registere<br>ns to be lis | d with the s<br>ted are asso | SEC and/o       | with a sta                              | te                |                |  |
| Full Name          | (Last name   | first, if ind  | lividual)                 | ***                        |                              |  |                              |                              |                 |   |                   |                |  |
| Business or        | Dacidense  | Address ()   | Jumber on                 | N/A                        | ity State '                  | Zin Code)                                    |                              | ·                            |                 |   |                   |                |  |
| Dusiness of        | Residence  | : Address (1   | Tuniber an                | u Sucei, C                 | ity, State, 2                | zip Code)                                    |                              |                              |                 |   |                   |                |  |
| Name of A          | ssociated B  | roker or De  | ealer                     |                            |                              |  |                              |                              |                 |   |                   |                |  |
| States in W        | hich Perso   | n Listed Ha  | s Solicited               | or Intend                  | s to Solicit                 | Purchasers                                   | 3                            | <del></del>                  |                 |   | <del></del>       | ···            |  |
| (Checl             | c "All State   | s" or check  | individua                 | l States)                  |                              |  |                              | *************                | *************** | ••••••                                  | 🔲 Al              | ll States      |  |
| AL                 | AK   | AZ   | AR                        | CA                         | ကြ                           | СТ   | DE                           | DC                           | FL              | GA                                      | HI                | ΔΩ             |  |
| II.                | ĪN   | ĪA   | KS                        | KY                         | ĪĀ                           | MB   | MD                           | MA                           | MI              | MN                                      | MS                | MO             |  |
| MT                 | NE   | NV   | NH                        | NI                         | NM                           | NY   | NC                           | ND                           | ОН              | OK                                      | OR                | PA             |  |
| RI                 | SC   | SD   | (TN)                      | TX                         | UT                           | VT   | [VA]                         | WA                           | wv              | WL                                      | WY                | PR             |  |
| Full Name          | (Last name   | first, if ind  | ividual)                  |                            |                              |  |                              |                              |                 |   |                   |                |  |
| Business o         | r Residence  | e Address (  | Number ar                 | nd Street, (               | City, State,                 | Zip Code)                                    |                              |                              |                 |   | <u></u>           |                |  |
| Name of As         | sociated B   | roker or De  | aler                      | <u></u>                    |                              | <u>-                                    </u> |                              |                              |                 |   | <del></del>       |                |  |
| States in W        | hich Persor  | Listed Ha  | s Solicited               | or Intends                 | to Solicit                   | Purchasers                                   | }                            | <del>.</del>                 |                 |   |                   |                |  |
| (Check             | "All State   | s" or check  | individua                 | States)                    |                              |  |                              |                              |                 | *************************************** | . 🔲 AI            | l States       |  |
| AL                 | AK   | AZ   | AR                        | CA                         | $\Box$                       | CT   | DE                           | DC                           | FL.             | GA                                      | нг                | [ID]           |  |
| IL                 | [IN]   | IA   | KS                        | KY                         | LA                           | ME   | MD                           | MA                           | MI              | MN                                      | MS                | МО             |  |
| MT                 | NE   | NV   | NH                        | NI                         | NM                           | NY   | NC                           | ND                           | ОН              | OK.                                     | OR                | PA.            |  |
| RL                 | [sc]   | SD   | TN                        | [TX]                       |                              | VT   | VA                           | [WA]                         | wv              | LWI)                                    | WY                | PR             |  |
| Full Name          | Last name  | first, if ind  | ividual)                  |                            |                              |  |                              |                              |                 |   |                   |                |  |
| Business o         | Residence  | Address (1   | Number an                 | d Street, C                | City, State,                 | Zip Code)                                    |                              |                              |                 |   |                   |                |  |
| Name of As         | sociated Br  | roker or De  | aler                      |                            |                              |  |                              |                              |                 |   |                   |                |  |
| States in W        | hich Person  | Listed Has   | Solicited                 | or Intends                 | to Solicit                   | Purchasers                                   |                              |                              | <del></del>     | <del></del>                             |                   |                |  |
|                    |  | s" or check  |                           |                            |                              |  |                              |                              | *************   | •••••••                                 | . [ All           | l States       |  |
| AL                 | AK   | [AZ]   | AR                        | CA                         | $\Box$                       | CT   | DE                           | DC                           | EL.             | GA                                      | н                 |                |  |
|                    | IN   | IA   | KS                        | KY                         | لمتا                         | ME   | MD                           | MA                           | MI              | MN                                      | MS                | MO             |  |
| MT                 | NE   | NV<br>-  | NH                        | NI<br>NI                   | NM                           | NY   | NC                           | ND                           | OH              | OK                                      | OR                | PA             |  |
| RL                 | SC   | SD   | TN                        | TX.                        | (ur)                         | VT   | VA                           | WA                           | wv              | WI                                      | WY                | PR             |  |

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                          |                   |  |
|----|--|--------------------------|-------------------|--|
|    | Type of Security   | Aggregate<br>Offering Pr |                   | Amount Alread<br>Sold                      |
|    | Debt\$   |                          |                   | \$   |
|    | Equity +   | 5,000,0                  | <u>)00</u>        | <u>\$ 1,300,000</u>                        |
|    | **limited liability company interests  |                          |                   |  |
|    | Convertible Securities (including warrants)\$  |                          | . <u>.</u>        | s  |
|    | Partnership Interests  |                          |                   | \$   |
|    | Other (Specify)  |                          |                   | \$   |
|    | Other (Specify)  | 5,000,0                  | 300               | <u>\$ 1,300,000</u>                        |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                          |                   |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |                          |                   | Aggregate                                  |
|    |  | Number<br>Investors<br>4 |                   | Dollar Amount<br>of Purchases<br>1,300,000 |
|    | Accredited Investors   | ·                        |                   | \$   |
|    | Non-accredited Investors   |                          |                   | \$   |
|    | Total (for filings under Rule 504 only)  |                          | —                 | \$   |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                          |                   |  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                          |                   |  |
|    | m  | Type of                  |                   | Dollar Amoun                               |
|    | Type of Offering   | Security                 |                   | Sold                                       |
|    | Rule 505   |                          |                   | <u>s</u>                                   |
|    | Regulation A   |                          | _                 | s  |
|    | Rule 504   |                          |                   | s  |
|    | Total  |                          |                   | \$   |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                          |                   |  |
|    | Transfer Agent's Fees  | *********                | $\Box$            | <b>S</b>                                   |
|    | Printing and Engraving Costs   | ********                 | $\overline{\Box}$ | S  |
|    | Legal Fees   |                          | K.                | \$25,000                                   |
|    | Accounting Fees  |                          | <b>K</b> )        | s 5,000                                    |
|    | Engineering Fees   |                          |                   | \$   |
|    | Sales Commissions (specify finders' fees separately)   |                          |                   | s  |
|    | Other Expenses (identify)  |                          |                   | s  |
|    |  |                          | נ                 | - <u> </u>                                 |
|    | Total  |                          | $\Box$            | \$30,000                                   |

CYORURINOPRICE NUMBER OF DIVESTORS, EXPENSES AND USE OF PROCEEDS

|            | b. Enter the difference between the aggregate offering price given in response to P  | Part C — Question 1                                    |               |
|------------|--|--|---------------|
|            | and total expenses furnished in response to Part C — Question 4.a. This difference proceeds to the issuer."  | is the "adjusted gross                                 | s_4,970,000   |
| 5.         | Indicate below the amount of the adjusted gross proceed to the issuer used or proceed of the purposes shown. If the amount for any purpose is not known, furnished the box to the left of the estimate. The total of the payments listed must equip proceeds to the issuer set forth in response to Part C — Question 4.b above. | nish an estimate and                                   |               |
|            |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates |               |
|            | Salaries and fees  | \$   | 🗀 \$          |
|            | Purchase of real estate  | S  | s             |
|            | Purchase, rental or leasing and installation of machinery and equipment  | S  | _ [] <b>s</b> |
|            | Construction or leasing of plant buildings and facilities  | \$   | 🗆 \$          |
|            | Acquisition of other businesses (including the value of securities involved in the offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  |  |               |
|            | Repayment of indebtedness  |  | <b></b>       |
|            | Working capital  | <u> </u>   | s             |
|            | Other (specify): <u>purchase</u> , <u>rehabilitation</u> , <u>leasing</u> and o working capital  | ther []\$  | s_4,970,00    |
|            |  |  | s             |
|            | Column Totals  | S  | _ 🗆 \$        |
|            | Total Payments Listed (column totals added)  |  | 4,970,000     |
|            | DIFEDERALISIONATU  |  |               |
| sign       | e issuer has duly caused this notice to be signed by the undersigned duly authorized parture constitutes an undertaking by the issuer to furnish to the U.S. Securities and information furnished by the issuer to any non-accredited investor pursuant to p   | l Exchange Commission, upon writt                      |               |
| Issu       | uer (Print or Type) Signature  | Date   | <del></del>   |
| <u>Atl</u> | Lanta Property Acquisition I, LLC  | October 7  | 7, 2008       |
| Nor        | me of Signer (Print or Type)  Title of Signer (Print or Type)  |  |               |
| 1144       | leffrey Britz Managing Member of   | the Managing Member                                    |               |

| Ž. | A PART OF THE STATES IN THE STATE OF THE STA |     |        |
|----|--|-----|--------|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?   | Yes | No<br> |
|    | See Appendix, Column 5, for state response.  | نيا | L      |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type)              | Signature                              |   |
|-------------------------------------|--|---|
| Atlanta Property Acquisition I, LLC | October 7, 2008                        |   |
| Name (Print or Type)                | Title (Print or Type)                  | _ |
| Jeffrey Britz                       | Managing Member of the Managing Member |   |

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

2 3 4 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited amount purchased in State waiver granted) investors in State offered in state (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Limited Number of Number of liability Accredited Non-Accredited Yes No Investors Amount **Investors** Amount Yes No State company interests ALΑK ΑZ AR CA CO CT DE DC FL GA Ш ID  $\mathbf{IL}$ IN IA KS KY LA ME MD MA MI MN MS

| 1     |   | 2             | · 3 ·   |                |                                       |  | 4  |                | 5            |    |
|-------|---|---------------|---|----------------|---------------------------------------|--|--|----------------|--------------|----|
|       | Intend to sell to non-accredited investors in State (Part B-Item 1) |               | Type of secur<br>and aggrega<br>offering price<br>offered in stat<br>(Part C-Item 1 | ite<br>e<br>te |                                       | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |                |              |    |
| State | Yes   | No            | Limited<br>liability<br>company<br>interests  | Accr           | ber of<br>edited<br>stors             | Amount   | Number of<br>Non-Accredited<br>Investors | Amount         | Yes          | No |
| МО    | · · · · · ·   |               | <del> </del>  |                |                                       |  |  |                |              |    |
| MT    |   | ···           |   |                |                                       |  |  |                | <u> </u>     |    |
| NE    |   |               |   |                |                                       |  |  |                | ļ            |    |
| NV    |   | 7. 11         |   |                |                                       |  |  |                |              |    |
| NH    |   |               |   |                |                                       |  |  |                |              |    |
| NJ    |   |               |   |                |                                       |  |  |                | <u> </u>     |    |
| NM    |   |               | limited liz   | bility         |                                       |  |  |                | <u> </u>     |    |
| NY    |   | X             | company int   | erests         | 2                                     | 700,000  | -0-                                      |                | <del> </del> | X  |
| NC    |   |               |   |                |                                       |  |  |                |              |    |
| ND    |   |               |   |                |                                       |  |  | <del></del>    |              |    |
| ОН    |   |               |   |                |                                       |  |  |                |              |    |
| OK    |   | <del></del>   |   |                |                                       |  |  |                |              | _  |
| OR    |   |               | <del> </del>  |                |                                       |  |  |                |              |    |
| PA    |   |               |   |                |                                       |  | <del></del>                              | <del></del>    |              | _  |
| RI    |   | <del></del> . |   |                |                                       |  |  |                |              |    |
| SC    |   |               |   |                |                                       |  |  |                |              |    |
| SD    |   |               | limited 14  | <b>L</b> 1 2 - |                                       |  |  |                |              |    |
| TN    |   | X             | limited lia<br>company int  | erests         | 2                                     | 600,000  | -0-                                      | <del>-</del> . |              | X  |
| TX    | <u> </u>  | <del></del> - |   |                |                                       |  |  |                |              |    |
| UT    |   | <del> </del>  |   |                | <u> </u>                              |  |  |                |              | _  |
| VT    | <del> </del>  |               |   |                |                                       |  |  |                |              |    |
| VA    |   |               |   |                | · · · · · · · · · · · · · · · · · · · |  |  |                |              |    |
| WA    |   |               |   |                | <del></del>                           |  |  |                |              |    |
| WV    |   |               |   |                |                                       |  | <u></u>                                  |                |              |    |

|          |          |   |  | e ye exer                            | ENDEX  |  |        |     |                                    |  |
|----------|----------|---|--|--------------------------------------|--|--|--------|-----|------------------------------------|--|
| 1 2 Jisc |          |   |  |                                      |  |  |        |     |                                    |  |
|          | to non-a | d to sell<br>accredited<br>as in State<br>d-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |        |     | ate ULOE, attach ation of granted) |  |
| State    | Yes      | No  |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No                                 |  |
| WY       |          |   |  |                                      |  |  |        |     |                                    |  |
| PR       |          |   |  |                                      |  |  |        |     |                                    |  |

